

39700 W. Civic Center Plaza Maricopa, AZ 85138 Ph: 520.568.9098 Fx: 520.568.9120 www.maricopa-az.gov

CITY OF MARICOPA SPECIAL EVENT COVID MITIGATION FORM

Please complete and submit this form with your special event application

EVENT ORGANIZER NAME Dan Lannon	
PHONE NUMBER 480 266-0774	EMAIL dan.lannon@yahoo.com
EVENT NAME Lax4Life	EVENT DATE Dec 12-13, 2020
EVENT ADDRESS Copper Sky 44345 M.L.K. Jr. Blvd, Mar	icopa, AZ 85138
The minimum mitigation measures required to host your public event of more than 50 guests within the City of Maricopa are listed below. Please review and check each box to indicate you agree to implement and enforce the following guidelines:	
Advise individuals to stay home if they are showin contact with a person with COVID-19 symptoms in Provide sufficient hand sanitizer in visible areas for Require use of masks for staff and vendors. Highly recommend masks for attendees. Maintain a physical distance of at least 6 ft. Should should be worn. Post signage in highly visible locations that promound Limit attendance or seating capacity to allow for seating capacity to allow for seating in lines.	the past 14 days r attendees d this proximity be impossible, then masks te social distancing and masks ocial distancing if necessary
Describe additional mitigation measures in place at your event All attednees will wear masks at all times except for those playing in the actual lacrosse games.	
CHECKLIST Complete the Arizona Department of Health (ADHS) Mitigation Measures form online here . Email a copy of this completed form to ADHS at HEOCLogistics@azdhs.gov Email a copy of this completed form to the City of Maricopa with your Special Event Application to specialevents@maricopa-az.gov .	
By completing and signing this form, you are stating isted terms.	you agree and wlll adhere to the above
Man // Lan	12-9-2020
EVENT ORGANIZER SIGNATURE	DATE